



RECEIVED
CENTRAL FAX CENTER
NOV 01 2007

Fax

Attention: Group Art Unit: 1745	From: Travis Dodd
Fax: 571-273-8300	Fax: 818-833-2065
Phone:	Phone: 818-833-2014
Company: U.S. Patent and Trademark Office	Company: Quallion LLC
	Pages: Total of (16) Pages
Re: Application Serial No.: 10/810,019 Title: POLYSILOXANE FOR USE IN ELECTROCHEMICAL CELLS Filed: March 25, 2004 Examiner: Jonathan Crepeau Group Art Unit: 1745 Attorney Docket No.: Q198-US1	Date: November 1, 2007

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

If you have any questions or did not receive this transmission in its entirety, please call (818) 833-2000, extension 2014.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on November 1, 2007:

Amendment Transmittal Letter (2 pages)
Fee Transmittal (in duplicate) (2 pages)
Response to Non-Compliant Amendment (11 pages)

Lisa K. Robbins
(Name of Person Signing Certificate)


(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

NOTICE: This message is confidential, may be legally privileged, and is for the intended recipient only. Access, disclosure, copying, distribution, or reliance on any of it by anyone else is prohibited and may be a criminal offense. If it has been sent to you in error, please advise the sender of the error and immediately destroy this message.

PAGE 1/16 * RCVD AT 11/1/2007 6:55:20 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-3/22 * DNIS:2738300 * CSID:8188332065 * DURATION (mm-ss):04-08

NOV 01 2007

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/810,019
	Filing Date	March 25, 2004
	First Named Inventor	WEST, Robert C. et al.
	Group Art Unit	1745
	Examiner Name	Jonathan Crepeau
Total Number of Pages in This Submission		Attorney Docket Number Q198-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Non-Compliant Amendment After Final Affidavits/declaration(s) with Exhibits Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks 		

Customer Number or Bar Code Label

31815

(insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 11/1/2007

By: 
 Phone: (818) 833-2003
 Fax: (818) 833-2065


 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this _____ date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

NOV 01 2007

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/810,019
	Filing Date	March 25, 2004
	First Named Inventor	WEST, Robert C. et al.
	Group Art Unit	1745
	Examiner Name	Jonathan Crepeau
Total Number of Pages in This Submission		Attorney Docket Number Q198-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Non-Compliant Amendment After Final Affidavits/declaration(s) with Exhibits Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 2px;">31815</div> <i>(insert Customer No. or Attach bar code label here)</i>
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.	
Respectfully submitted,	
Dated: 11/1/2007	By:  Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127
Phone: (818) 833-2003 Fax: (818) 833-2065	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this _____ date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

RECEIVED
CENTRAL FAX CENTER

NOV 01 2007

FEE TRANSMITTAL

Attorney Docket No.	Q198-US1
First Named Inventor:	West, Robert C. et al.
Application Number	10/810,019
Filing Date:	March 25, 2004
Examiner Name:	1745
Group/Art Unit:	Jonathan Crepeau

TOTAL AMOUNT OF PAYMENT:	\$ 0.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	24 - 54 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	2 - 4 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$370.00	\$185.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 210.00	\$ 105.00	\$0.00
Reissue filing fee	\$ 310.00	\$ 155.00	\$0.00
Provisional filing fee	\$ 210.00	\$ 105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	11/1/2007

RECEIVED
CENTRAL FAX CENTER

NOV 01 2007

FEE TRANSMITTAL

Attorney Docket No.	Q198-US1
First Named Inventor:	West, Robert C. et al.
Application Number	10/810,019
Filing Date:	March 25, 2004
Examiner Name:	1745
Group/Art Unit:	Jonathan Crepeau

TOTAL AMOUNT OF PAYMENT:	\$ 0.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other — Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	24 - 54 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	2 - 4 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$370.00	\$185.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 210.00	\$ 105.00	\$0.00
Reissue filing fee	\$ 310.00	\$ 155.00	\$0.00
Provisional filing fee	\$ 210.00	\$ 105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	11/1/2007

Application No: 10/810,019 Docket No.: Q198-US1

Page 1

RECEIVED
CENTRAL FAX CENTER

NOV 01 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn Re Application of:
WEST, Robert C. et al.

Examiner: CREPEAU, Jonathan

Serial No.: 10/810,019

Filed: March 25, 2004

Art Unit: 1745

Title: POLYSILOXANE FOR USE IN
ELECTROCHEMICAL CELLSMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450RESPONSE TO OCTOBER 22, 2007
NOTICE OF NON-COMPLIANT AMENDMENT (37 CFR 1.121)

In response to the Notice of Non-Compliant Amendment of October 22, 2007, please enter the following resubmitted "In The Specification" section which begins on page 2 of this response. The "Remarks" section has also been corrected to reflect the resubmitted "In The Specification." Accordingly, please enter the following resubmitted "Remarks" section which begins on page 8 of this response.

Respectfully submitted,

TRAVIS DODD
Reg. No. 42,491
Attorney for Applicant(s)Quallion LLC
P.O. Box 923127
Sylmar, CA 91392-3127
818-833-2003 ph
818-833-2065 fax